

# A L E R T

April 20, 2021

**TO: All Providers**

**RE: Upcoming Changes to the 835 Electronic Remittance Advice**

As of the May 7, 2021 checkwrite, the following changes will be re-applied to production. These changes were previously applied for the March 5, 2021 checkwrite and were rolled back on March 19, 2021 after issues were discovered. These changes are as follows:

The claim types listed below will now be reported at the header level (Claim Payment Information Loop 2100), with no detail level (Service Payment Information Loop 2110) data returned. Payments and adjustments will now be reported at the header level (Claim Payment Information Loop 2100).

- Inpatient
- Outpatient Crossover
- Compound Pharmacy

For all claim types, the Allowed Amount (AMT\*B6) will continue to be reported in the 835 but for informational purposes only and should not be used when balancing claim payments and adjustments.

For all other claim types, the structure of the claims will **NOT** change, but users may see some changes in adjustment amounts and CARC / RARC codes returned to more accurately reflect claims pricing and ensure claim level balancing.

If you have questions about the changes please contact [interChange\\_Testing@dx.com](mailto:interChange_Testing@dx.com).